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ABSTRACT

This guide presents the results of research on day care monitoring methods conducted by the Children's Services Monitoring Transfer Consortium. It suggests a set of generic predictor items that can be used to monitor day care providers' compliance with standards. The predictor items are at the licensing or minimal compliance level and have been found to be consistently significant predictors. The checklist covers the following areas in a child care program: administration, staff qualifications, environmental safety, health, and nutrition. The selected items also appear to have high face validity when compared with national day care standards. Information about the checklist is presented in two sections. The first section lists and discusses the items that research shows to be generic indicators of compliance with day care standards. The second section suggests ways for using the generic items in a monitoring program. In addition, an appendix briefly discusses related research and provides guidance for obtaining further information. (RH)

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Generic Checklist for Day Care Monitoring

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CHILDREN'S SERVICES MONITORING TRANSFER CONSORTIUM

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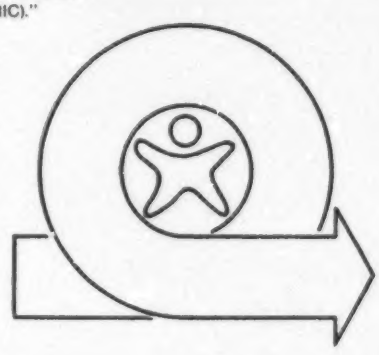

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FOREWORD

The Children's Services Monitoring Transfer Consortium was established in October 1980 with encouragement and financing from the Office of Human Development Services, Department of Health and Human Services (DHHS). The Consortium was founded to demonstrate the feasibility of transferring exemplary components of children's services monitoring systems from state to state. Members of the Consortium are California, Michigan, Pennsylvania, Texas, West Virginia and the City of New York.

As the lead state for the current phase in the Consortium's work, Michigan applied for and received a DHHS grant and contracted with Gibson-Hunt Associates for technical assistance. The grant serves as seed funding, just as the federal involvement serves as a catalyst for the Consortium's activity. The individual states donate substantial time and effort, representing a contribution far exceeding the value of the basic grant. As a result of the collective effort, the Consortium has developed a variety of monitoring tools and techniques for transfer among the states and for dissemination to interested parties.

Among these is this guide on the application of a set of generic indicators of child day care provider compliance with standards.

The Consortium shares the growing public concern about the health and well-being of children in out-of-home care, and is convinced that risk to those in care can be reduced at least in part through effective management of regulatory programs. It was with this thought in mind that the Day Care Monitoring Generic Checklist was developed.

As the authors of this guide, Gibson-Hunt Associates would like to acknowledge the groundbreaking conceptual work of Dr. Richard H. Fiene of the State of Pennsylvania. The results presented are a product of Dr. Fiene's unique insight into predictor items in day care monitoring, based on a solid foundation laid in over ten years' research in the child care field. In addition, we would like to acknowledge the support of the Consortium members, and in particular the project director, Mr. Harold Gazan of the State of Michigan, and the federal project officer, Ms. Madeline Dowling.

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INTRODUCTION

This guide presents the results of research on day care monitoring methods conducted by the Children's Services Monitoring Transfer Consortium. It sets forth a set of generic predictor items that can be used in monitoring day care providers' compliance with standards.

The Consortium

The Consortium's mission has been to identify and share exemplary management techniques in monitoring children's services. Members of the Consortium include California, Pennsylvania, Texas, West Virginia, the City of New York, and Michigan as the lead state. The Department of Health and Human Services, Office of Program Development, originally saw the need for such a consortium, and provided seed funds through a three-year grant. During the term of the grant, the Consortium has developed several products which have been transferred among the Consortium members, or disseminated to other states.

One of these products is the generic checklist.

Predictor Items

The generic checklist has grown out of the results of analysis of Pennsylvania's Child Development Program Evaluation instrument, West Virginia's, New York City's, and Michigan's day care compliance instruments. These states, like many others, have developed comprehensive monitoring survey instruments, with compliance questions closely corresponding to state regulations or standards.

The historical results of using these comprehensive instruments were analyzed by the Consortium to determine which compliance items tended to be the most significant. A rigorous statistical procedure was employed that identifies the items that are most effective in discriminating between providers who are strong in compliance with standards and those who are weak. Because of the ability of the selected question to discriminate between strong and weak providers, they have been called "predictor" items. That is, a person who conducts a monitoring review should be able to use the results for these items to predict whether the provider would have scored well or poorly on the comprehensive instrument.

This methodology has been used by a number of states (including those mentioned above) to develop a short form compliance monitoring instrument. The states use the short form to increase the productivity of their monitoring workers. The short form does not replace, but rather supplements the comprehensive instrument. A well designed checklist of predictor items can be used alternately with the comprehensive instrument, lightening the staff workload while not compromising the monitoring program. (For more on the methodology, see Indicator Checklist topic in the Appendix.)

A Generic Checklist

Beyond the development of checklists for the individual states, however, the analysis led to an important additional finding: certain common predictor items tended to appear everywhere the methodology was applied. That is, the research disclosed a set of generally applicable indicators of compliance with standards for child day care—a generic checklist.

The Consortium recognized the potential value of a set of "proven" indicators that could be used to assess whether children in out-of-home care are in a safe and healthy environment. A generic checklist could:

- serve as a check of validity of the items already on a state's monitoring instrument;
- provide a sound point of departure for states considering developing an instrument-based monitoring system; and
- serve as the basis of a short form checklist to be used selectively as a labor- and time-saving monitoring tool.

This guide presents such a checklist, based on the Consortium's research. The predictor items are at the licensing or minimal compliance level, and have been found to be consistently significant predictors. The checklist is comprehensive in that significant items were found in a wide range of areas of a child care program: administration, staff qualifications, environmental safety, health, and nutrition. The selected items also appear to have high face validity when compared with national day care standards (National Association for the Education of Young Children and Child Welfare League of America national standards and the results of the National Day Care Study).

Information about the checklist is presented in the following two sections:

- **The Generic Checklist Items.** This section lists and discusses the items that the research show to be generic indicators of compliance with day care standards.

- **How to Use the Generic Checklist.** This section suggests ways for using the generic items in a monitoring program.

In addition, an Appendix contains a brief discussion of related research, either complete or ongoing, with guidance for obtaining further information.

GENERIC CHECKLIST ITEMS

This section presents the items that comprise the generic checklist. The items are measured in an all-or-none fashion; that is, a provider is either in compliance with an item or not. The items have been shown to predict the overall performance of providers measured against minimal standards that are associated with a safe and healthy environment for child care.

Note that certain detailed standards tend to vary from state to state (e.g., director qualifications). In those cases the items reflect representative criteria that have been shown to be significant.

Director Qualifications

Does the Director have the following qualifications:

a) a master's degree in child development, early childhood education or a related field; **or**
b) a bachelor's degree in child development, early childhood education development or a related field, plus two years of work experience related to the care and development of children; **or**
c) an associate's degree or the equivalent in child development, early childhood education development or a related field, plus four years' work experience related to the care and development of children.

Health Appraisal

Have all staff, including temporary and substitute employees and volunteers who serve on a regular basis, who come into contact with the children, who work with food preparation, had a health appraisal within 3 months prior to providing day care services and annually thereafter? (Health appraisals shall be certified by a licensed physician.)

Supervision of Children

Do staff supervise the children at all times, both indoors and out?

Adult/Child Ratios

Do group size and adult size ratios correspond to standards?

	Staff	Children	Group Size
Infants	1	5	10
Toddlers	1	4	8
Preschoolers	1	10	20
School Age	1	15	30

(These figures are representative, specific standards may vary from state to state, and for mixed groups of children.)

Sufficient Space

Is sufficient space (40 square feet per child), available for all children in care?

Emergency Contact Information

Is there emergency contact information on each child, including:

(a) Name, address and telephone number of child's physician or source of health care?
(b) Home and work addresses and telephone numbers of parents?
(c) Name, address and telephone number of emergency contact person?

Hazard Free Environment

Are play areas free of hazards and unsafe areas such as open drainage ditches, wells, holes, and heavy street traffic, or surrounded by fences or natural barriers to limit access?

Toxic Materials Inaccessible

Are all cleaning materials, detergents, aerosal cans or other poisonous and toxic materials kept in a place inaccessible to children and separate from child care areas, and food and food preparation areas?

Equipment not Hazardous

Is the equipment easily accessible to the children, readily washable, clean, in good repair, and free from hazards such as sharp or pointed parts or toxic finishes?

Nutrition

Is food handled, stored, prepared and served in a healthful, safe and sanitary manner, observing principles of food services for young children?

Medication

Does the facility require, for any child receiving **any** medication:

(a) physician's current written instructions for all prescription medication?
(b) parent's current written instruction for all non-prescription medication?
(c) written consent from child's parents for prescription and non-prescription medication?
(d) record of dose and time medication is administered?

Safety Carrier

Is each vehicle used for transportation of children equipped with age-appropriate safety carriers or restraints in good working condition for each child transported?

Program Observation

Do the day care activities promote:

(a) development of skills?
(b) self esteem?
(c) positive self identity?
(d) choice of activities?

(Some states rely on the professional judgment of the monitoring worker to ascertain compliance with this item. See the Appendix for discussion of COFAS as a structured technique for measuring these characteristics.)

HOW TO USE THE GENERIC CHECKLIST

The generic checklist is best viewed as one element in a comprehensive day care monitoring program. The Consortium states' experience suggests that effective compliance monitoring is instrument-based, and includes a "long form" and a "short form" compliance survey.

The Monitoring Concept

Instrument-based monitoring relies on the use of detailed questionnaires or checklists based on explicit state regulations to determine how well a day care provider is meeting requirements. The questionnaire is completed during a site visit, and the results are scored based on compliance with the items. The scores are used to determine whether or not the state needs to intervene in order to improve conditions at a specific site. The results can also be aggregated to show trends and broad strengths and weaknesses of the service delivery system to support decision making at the policy level. In general, the instrument-based concept provides consistent, quantitative tools to support the monitoring effort. (See the Appendix for more information on Instrument-Based Program Monitoring.)

The long form is a comprehensive instrument which constitutes an exhaustive checklist for compliance with all state regulations and standards. This instrument is used for initial licensing evaluations and periodically thereafter for regularly scheduled in-depth reviews or in connection with complaint investigations or other indication of compliance problems.

The short form is used to complement the comprehensive instrument. State and local agencies everywhere have experienced rapid growth in client population, coupled with declining staff and budgets. A short form checklist can streamline the monitoring process to help cope with this problem:

- as a screening device to determine whether, for a given provider, it is necessary to administer the longer form; and
- as an interim review instrument to be used as the principal tool for providers who have a good record of compliance.

The short form should not be viewed as a substitute for the comprehensive instrument, but as a complementary tool. If the short form were treated as **the** monitoring instrument, then in time providers might come to worry about only the requirements included on the checklist. This could indeed compromise the level of provider compliance. Further, over time and as conditions change, it will be important to update and revise the short form, preferably using a rigorous process like the indicator checklist methodology. Using the comprehensive instrument periodically with all providers will establish a base of compliance data which can serve as the basis for modifying the checklist over time to reflect changing compliance patterns.

For example, the longer version would be used for both "problem" providers and, on a periodic basis—perhaps every three years, for good providers. The checklist would be used alternatively for frequent visits to validate continuing compliance. Naturally, if the short form were used with a provider and problems were discovered, then the long form, or portions of it, could be administered.

The Consortium states have found that, in urban areas with many centers in close proximity, workers can conduct more visits in a given period with the short form. Another common finding is that the simpler survey frees up more "discretionary" time for the worker to provide technical assistance or consultation to the provider. A possible alternative might be to consolidate reviews of providers—state staff who perform fiscal/contract compliance audits might be trained to administer the short form during their audit.

In the Consortium's experience, state staff who are responsible for monitoring favor a long form/short form concept, once it is introduced. In West Virginia, for example, the long form must be used for centers at least once every three years; otherwise, the worker's professional judgment is relied upon to determine if, in a particular case, the short form is sufficient. The short form is composed of "predicator items" and is viewed as reducing the monitor's workoad, while preserving key compliance measures. In addition, the workers are enthusiastic about its use for family day care as well as for centers.

From a legal perspective, it should be noted that the short form was designed as a management and productivity tool—not as an enforcement tool.

The results of a short form review (or a long form review for that matter) are not a substitute for the investigation and evidence gathering required to support adverse action against a provider. In all cases, the safe answer is to consult with your state's legal staff before implementing a monitoring form, to determine any areas of possible legal exposure. In the Consortium's experience, the legality of the short form *as a compliance monitoring tool* has been supported.

In any case, the short form can usually be integrated into an agency's normal monitoring process in a way that helps to alleviate the pressure on staff while not compromising the monitoring program.

The generic checklist can contribute to this kind of overall monitoring program in three fundamental ways: 1) as a comparative set of indicators to contrast with existing instruments; 2) as a sound basis for developing a short form instrument; and 3) as a point of departure for developing an instrument-based monitoring system.

A Comparative Set of Indicators

Many states currently employ some form of questionnaire as part of the monitoring process. The survey may reflect the state's health and safety regulations, fiscal compliance provisions in service contracts, or programmatic requirements. The generic items can help these states by providing a comparative check for their questionnaires:

- If a generic item already appears on the instrument, the state may want to recognize that the item has been shown to be a predictor of compliance by presenting this finding in staff training or perhaps by weighting the item more heavily as part of a weighted scoring approach.

- If a generic checklist item does not appear on the survey, the state may want to consider adding it or a similar item corresponding to specific state requirements. While the generic items certainly are not the final answer to monitoring, the consistent identification of these items as significant predictors of compliance in widely differing settings suggests that they should be considered by anyone monitoring day care providers.

A Short Form Instrument

Ideally, the short form is constructed through rigorous analysis of the compliance history of providers, as measured by the comprehensive instrument. This analysis identifies the key predictor items which are used to form the core of the short form. As mentioned earlier, a well-defined methodology exists for carrying out this process, and in fact this is how the generic items were identified (see the Appendix for a discussion of the Indicator Checklist).

For some states, however, the indicator checklist development process may not be feasible. If adequate historical compliance data do not exist the statistical methodology cannot be applied. Also, if a state does not currently have a comprehensive instrument which corresponds closely to state requirements and standards, then application of the Indicator Checklist methodology would be inappropriate. In these cases the generic checklist items may offer a point of departure for developing a short form.

Taking the generic items as a core set of requirements, a tailored short form instrument could be constructed by:

- rewording the generic items to reflect state-specific language or requirements;

- adding items that are mandatory review items; that is, those items for which compliance must be assessed at every visit by law or agency policy; and

- adding items which, in the experience and judgment of the staff, ought to be included even if they are not necessarily predictors in the statistical sense—items pertaining to abuse are commonly added, for example, as being important items in their own right even if they don't necessarily correlate with overall compliance with standards.

The resulting checklist should be an acceptable initial version of a short form monitoring tool.

Core Items For A Comprehensive Instrument

If a state is not currently using a monitoring instrument, the generic checklist items can serve as a point of departure for developing one.

The generic checklist items can be used as a core set of questions in the development of a comprehensive isntrument, using a process similar to that described for developing a short form from the generic checklist. The generic items are refined to correspond with specific state requirements, and then an exhaustive additional list of items is derived directly from the body of regulations and standards applied by the state in monitoring day care providers. Ideally, the questions would correspond with state requirements on a one-to-one basis. The generic items, however, offer a set of demonstrated predictors which can serve as the cor questions on a comprehensive instrument. Most states have standards that correspond closely to the generic items, and, if not, the Consortium's research suggests that they would be an appropriate addition to a monitoring program in any case.

APPENDIX

RELATED TOPIC

The Children's Services Monitoring Transfer Consortium members have developed a variety of monitoring tools for transfer among the participating states and for dissemination to interested parties. Tools related to the generic checklist are listed here, along with names and addresses of contact persons. Note that while the Consortium's emphasis has been on child day care, the techniques can be extended readily to other human services.

Instrument-Based Program Monitoring

Instrument-based program monitoring is based on the collection of consistent, quantitative data on provider performance and characteristics, and on the productive analysis of these data to support both management and the field worker. Several tools have been developed around this concept, as described below. The contact person for these topics is Dr. Richard Fiene, Pennsylvania Office of Children, Youth and Families, 1514 North Second Street, Harrisburg, Pa. 17120 (717-787-2724).

Guide to Instrument-Based Program Monitoring

The Consortium has published a guide which provides information for states to decide whether to adopt this approach, as well as practical considerations for implementation.

Guide to Developing The Indicator Checklist

The indicator checklist is constructed using a statistical technique that draws on historical compliance data to identify the monitoring questions that are most effective in distinguishing between providers who are strong in compliance and those who are weak. The Consortium has published a guide which provides instructions for developing an indicator checklist as part of an instrument-based monitoring system.

Program Quality Monitoring

Several of the Consortium members have ongoing research efforts to develop, implement and validate tools for monitoring quality in day care, including an indicator checklist for program quality.

Caregiver Observation Form and Scale (COFAS)

Certain elements of a day care provider's program can only be evaluated by observation of caregivers while they are interacting with children. COFAS is a methodology and set of forms developed by Pennsylvania for carrying out this observation in a consistent and thorough manner.

Personal Computer Software For Program Monitoring

As part of the transfer and dissemination effort of the Consortium, key concepts of the instrument-based program monitoring concept have implemented as personal computer software tools. The software is designed for ease of use, so that it is not necessary to be a "computer person" to put it to work. Contact Steve Watson, Gibson-Hunt Associates, Suite 500, 1629 K Street, N.W., Washington D.C. 20006 (202-955-6213)

Provider Performance Monitoring System

The Provider Performance Monitoring System (PMS) is a personal computer based tool for keeping track of data about service providers. The system allows you to decide what kinds of data to keep, and gives you the capability to get at the data and analyze it easily and productively. All of the system's capabilities are accessed through "menus" of choices, so that no special computer skills are required.

Indicator Checklist Development System

The Indicator Checklist Development System (ICS) is a personal computer based tool for developing an indicator checklist. The checklist methodology includes a large amount of statistical computation, which is difficult and time-consuming if done by hand. ICS solves this problem by having the computer do the "number crunching."

For Further Information

Further information on the Consortium's work is available from:

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